

**MULTIPLE DEPENDENT CLAIM  
CALCULATION SHEET**  
USE WITH FORM PTO-875)

SERIAL NO.  
**10/089695**

FILING DATE

APPLICANT(S)

**CLAIMS**

IN	1st AMENDMENT	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IN	1st AMENDMENT		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				51						
2	1		1			52						
3	2		2			53						
4	2		2			54						
5	2		2			55						
6	2		2			56						
7	2		2			57						
8	2		2			58						
9	2		2			59						
10	2		2			60						
11	2		2			61						
12	2		2			62						
13	2		2			63						
14	2		2			64						
15	2		2			65						
16	2		2			66						
17	2		2			67						
18	2		2			68						
19	2		2			69						
20	2		2			70						
21	2		2			71						
22	2		2			72						
23	2		2			73						
24	2		2			74						
25	2		2			75						
26						76						
27						77						
28						78						
29						79						
30						80						
31						81						
32						82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	1	1	1			TOTAL IND.						
TOTAL DEP.	38	47	1			TOTAL DEP.						
TOTAL CLAIMS	39	48				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS